

# Health of Adolescents in Mongolia

**M**ongolia is a landlocked country in northern Asia, situated between Russia and China. It is the least densely populated country in the world with an overall population density of 1.7 people per square kilometre. The population density is highest, at 228 people per square kilometre, in the Ulaanbaatar municipality. In certain aimags, the density can be as low as 0.3.<sup>1</sup> This makes it challenging to deliver health services to rural and remote areas and particularly to the nomadic population.<sup>2</sup> Urban migration has imposed socioeconomic and health challenges for the government because of the largely unregistered migrant (floating) population.<sup>3</sup>

## POPULATION

In 2009, Mongolia's population constituted 27.6% under 15 years old, with the 15–19 age group being the largest.<sup>4</sup> (Figure 1). About 40% were under 19 years old.<sup>5</sup>

## EDUCATION

**Legislation:** The Mongolian Constitution provides free basic education and the Education Law and the Law on Primary and Secondary Education establishes eight years of compulsory education.

**Student enrolment:** In 2008, the net enrolment ratio (NER) was 91.5%. NER varied across aimags. The Orkhon aimag in the highlands had the highest NER of 99.5% while the Tuv aimag in the central region had the lowest at 80.8%. This may be attributable to migration since Tuv serves as a transit point for rural migrants.<sup>6</sup>

**Area:** 1 566 500 sq km<sup>a</sup>

**Population, 2009:** 2 804 721<sup>b</sup>

**Rural-Urban Population, 2009:** 37.4%/62.6%<sup>c</sup>

**Crude birth rate/Crude death rate, 2005–2010:** 19 per thousand/6.7 per thousand<sup>d</sup>

**Annual population growth rate, 2008:** 1.7% per annum<sup>a</sup>

**Human Development Index (HDI), 2010:** 0.622 (Rank: 100 of 169 countries)<sup>e</sup>

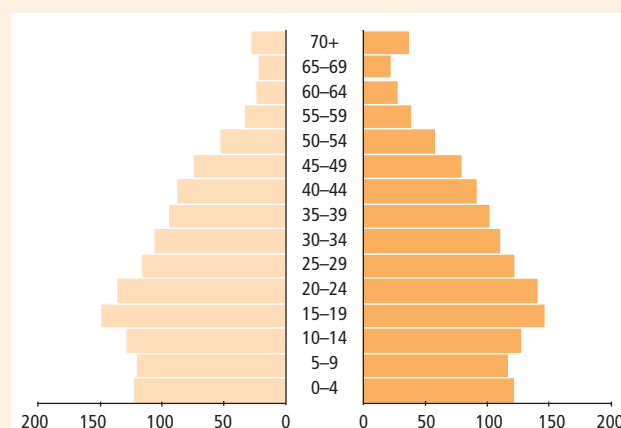
**Multidimensional Poverty Index, 2000–2008:** 0.065<sup>f</sup>

**Gross National Income per capita (PPP int. US\$), 2009:** US\$ 3330<sup>g</sup>

**Population living on <US\$ 1 (PPP int. US\$) a day, 2005:** 22.4%<sup>h</sup>

**Population below the national income poverty line, 2002:** 36.1%<sup>h</sup>

Figure 1: Population pyramid, 2008



**Source:** World Health Organization Country Cooperation Strategy for Mongolia, 2010–2015. Manila, Philippines and Ulaanbaatar, Mongolia: World Health Organization Regional Office for the Western Pacific and Ministry of Health Mongolia.

**Primary school retention rate:** Since 2000, there has been a steady increase in the proportion of pupils who started grade 1 and reached grade 5. In 2008, 92.8% of pupils who had started grade 1 had reached grade 5.<sup>7</sup>

- 1 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.
- 2 World Health Organization Country Cooperation Strategy for Mongolia, 2010–2015. Manila, Philippines and Ulaanbaatar, Mongolia: World Health Organization Regional Office for the Western Pacific and Ministry of Health Mongolia.
- 3 Ibid.
- 4 Annual Health Indicators Report 2009. Ulaanbaatar, Mongolia: Ministry of Health, 2009.
- 5 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.
- 6 Ibid.

7 Ibid.

**Drop-out rate:** In 2007, there were about 8775 school-aged children out of school; 59.1% of school drop-outs were boys while 91.3% were from rural areas. The school drop-out rate declined between 2007 and 2009.<sup>8</sup> During the period 2007–2008, the school drop-out rate among children aged 7–15 was 1.6%.<sup>9</sup>

**Gender parity index (GPI):** For primary education, more boys were enrolled than girls (GPI=0.97), but for secondary and tertiary education, more girls were enrolled than boys (GPI=1.08 and 1.54, respectively). Of students enrolled in tertiary education in 2008, 60.1% were females and 39.9% were males.<sup>10</sup>

Parents might have been more inclined not to send boys to school because sons would inherit the family property, were physically stronger and could survive harsh working conditions whereas girls needed to be educated in order to secure their future.<sup>11</sup>

## ECONOMICS

**Legislation:** The Labour Law sets the minimum age of employment at 16 years old but children aged 15 may work with the permission of a parent or guardian, and those aged 14 can be engaged in vocational training and employment with the permission of both the parent or guardian and the Ministry of Social Welfare and Labour.

**Youth employment and unemployment:** The 2007–2008 Population Employment Survey estimated that youth aged 15–24 made up about 21.7% of the total population and 21.0% of the total number of employed.<sup>12</sup>

In 2008, national labour force participation was 63.5% and the unemployment rate of youth aged 15–24 was 3.0%. Youth made up 22.8% of the unemployed who were registered with the employment office.<sup>13</sup> According to the 2006 School-to-Work Transition Survey (SWTS) data from the Mongolia Human Development Report 2007, among adolescents aged 15–19, 66.1% were employed as unpaid family workers, 23.9% had paid work, 8.3% ran their own

businesses, 0.9% had a part-time job and 0.9% were employed but absent from work.<sup>14</sup>

There was a tendency for parents and youth to value academic training over technical education and vocational skills, which have resulted in unemployed university graduates while there were unfilled positions in trades such as welding and plumbing. Data from the 2006 SWTS indicated that among young people aged 15–29, unemployment rates were lower for those with a vocational education (15.3%) than for a general secondary-school education (21.9%) and lower for those with technical diplomas (8.1%) than for tertiary degrees (11.6%).<sup>15</sup>

**Underage employment:** In Mongolia, child labour was determined by assessing 5–14 year olds in employment and 15–17 year olds in hazardous work.<sup>16</sup> According to a 2009 report, about 56 000 children aged 5–17 were involved in child labour — over 43 000 children below the absolute minimum working age of 15 were working and 13 000 aged 15–17 were involved in hazardous work.<sup>17</sup>

Herding and artisanal mining were common forms of child labour, a major issue in Mongolia. In urban areas, children may work in informal markets, at construction sites and manufacturing enterprises with poor work conditions.<sup>18</sup>

## SEXUAL AND REPRODUCTIVE HEALTH

**Legislation:** (i) The Criminal Code of 2002 states that sexual intercourse with a person who knowingly is under the age of 16 is punishable. (ii) The Family Law states that the minimum official marriage age is 18. (iii) The Health Act of 1998 “permits abortion performed only in medical conditions that meet requirements and by licensed medical specialists as specified in the Law”. And the Criminal Code of 2002 states that abortion in nonmedical conditions or abortion by a nonprofessional is punishable.

**Sexual behaviour:** From the 2008 Reproductive Health Survey (2008 RHS), 16.7% of adolescents aged 15–19 responded that they had had sexual intercourse; 5.0% had their first sexual intercourse between the ages of 14 and 16 and 11.7% between the ages of 17 and 19. Unlike the 2003

8 Ibid.

9 Statistical Yearbook 2007, Ulaanbaatar, Mongolia: National Statistical Office. In: Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

10 Mongolia. Third National Report: Millennium Development Goals Implementation. Government of Mongolia and United Nations Development Programme, 2009.

11 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

12 Mongolia. Third National Report: Millennium Development Goals Implementation. Government of Mongolia and United Nations Development Programme, 2009.

13 Ibid.

14 Mongolia Human Development Report 2007: Employment and poverty in Mongolia. Government of Mongolia, United Nations Development Programme, International Labour Organization and Swedish International Development Cooperation Agency.

15 Ibid.

16 Understanding children's work and youth employment outcomes in Mongolia. UCW Country Report Series, June 2009. United Nations Children's Fund, 2009.

17 Ibid.

18 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

RHS, no adolescent reported having sexual intercourse for the first time between the ages of 11 and 13.<sup>19</sup>

From the 2010 Global School-based Student Health Survey (GSHS), among students aged 13–15, 7.2% had had sexual intercourse and more than half had sexual intercourse for the first time before age 14; about half used a condom the last time they had sexual intercourse.

Of 274 adolescents aged 15–19 included in the 2005 RTI/STI situation analysis, 32.5% had had sexual intercourse. The mean age of first sexual intercourse for males was 16.8 and for females 18.9. This was similar in both rural and urban areas.<sup>20</sup>

**Commercial or transactional sex:** According to the Code on Promiscuity, prostitution and/or organizing it is prohibited, but police records indicated that about 1600 sex workers work on the streets of Ulaanbaatar.<sup>21</sup>

A 2001 study found that of the 200–250 girls in Ulaanbaatar who were involved in prostitution, 42.5% were aged 17–18 and 57.5% were between 13–16 years old. Most of them were living away from home and had previously been sexually abused.<sup>22</sup>

The 2007 SGSS revealed that 5.8% of 1329 young men aged 15–24 who were interviewed had had sex with female sex workers in the past 12 months. Of these, 78.3% reported using a condom during the last commercial sex episode and more than half reported consistent condom use with female sex workers in the last 12 months.<sup>23</sup>

**Contraceptive knowledge and use:** A qualitative study on teenage pregnancy revealed that the low rate of condom use among adolescents might be because girls did not want to appear too experienced or distrustful while boys did not like using them. Unprotected sexual intercourse tended to be initiated under alcohol influence and during celebrations and outings.<sup>24</sup>

**Marriage:** The 2008 RHS reported that the median age at marriage for women was 22.1, about half a year later than was reported in 2003 (21.6 years).<sup>25</sup> The 2006 School-to-Work Transitions (SWTS) found that the most common age for men to marry was 25 years.<sup>26</sup>

Of the 1044 adolescent female respondents in the 2008 RHS, 4.0% were currently married and 2.5% were separated.<sup>27</sup>

### Findings from the 2008 RHS<sup>28</sup>:

#### Of the 1044 female adolescents aged 15–19,

- 92.7% had knowledge of any modern method
- 3.7% were current users of any modern method (male condoms, IUD and pills)
- 0.4% were current users of any traditional method (period abstinence and withdrawal)
- 33.5% knew that contraceptives were distributed without charge

#### Of the 68 married girls aged 15–19,

- 98.5% had knowledge of at least one modern method
- 23.5% were current users of any modern method (IUD was most common)

#### Of the 88 female adolescents who reported that they had sexual intercourse during the month before the survey,

- 31.8% used condoms
- 56.8% of those who were never married used condoms
- 13.7% of those who were married used condoms
- 39.7% of those in urban areas used condoms compared with 16.7% in rural areas

19 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

20 Report on situation analysis to introduce RTI/STI prevention services through social franchising among young people. Mongolian Federation of Obstetricians and Gynecologists and United Nations Population Fund, 2005.

21 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

22 Juvenile justice in Mongolia. United Nations Children's Fund, 2003.

23 Mongolia: Second generation HIV/STI surveillance report. Ministry of Health, World Health Organization and Global Fund supported project on AIDS and TB, 2007.

24 Report on situation analysis to introduce RTI/STI prevention services through social franchising among young people. Mongolian Federation of Obstetricians and Gynecologists and United Nations

Population Fund, 2005.

25 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

26 Pastore, F. Employment sector: Employment Working Paper No. 14. School-to-work transitions in Mongolia. International Labour Organization, 2008.

27 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

28 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

The Multiple Indicator Cluster Survey (MICS) 2005 found that 8% of women aged 20–49 were married or in union before their 18th birthday. Women from rural areas, who were less educated and from poorer households, were more likely to have married or lived in union before age 18.<sup>29</sup>

**Childbearing:** In the 2008 RHS, the median age at first birth for all age groups was 21.3. But in the 15–19 age group, the median age at first birth was 17.8; 6.3% of all adolescent women aged 15–19 had had at least one child; 2.7% were between 15–17 years old when they gave birth to their first child and 3.6% were between 18–19 years old. The percentage of adolescents aged 15–19 who had started child-bearing decreased from 9.0% in the 1998 RHS to 7.4% in the 2003 RHS and increased to 8.2% in the 2008 RHS.<sup>30</sup>

Of the currently married adolescent women, 67.6% had at least one child. In the three years preceding the 2008 RHS, among adolescent mothers aged 15–19 at the time of birth, 6.8% of the 205 pregnancies and births were unwanted and 8.3% were wanted later.<sup>31</sup>

Of currently married women aged 15–19, 23.5% had an unmet need for spacing and 1.5% had an unmet need for limiting births. Among all currently married women aged 15–49, the unmet need for family planning decreased with the educational level (22.5% for those with a primary education or less and 12.3% for those with more than a secondary level of education). The unmet need for family planning also was higher in rural areas (15.4%) than in urban areas (13.7%).<sup>32</sup>

**Adolescent birth rate:** The 2008 RHS reported a fertility rate of 57 per thousand women aged 15–19 (39 in urban areas and 115 in rural areas).<sup>33</sup>

**Infant and child mortality:** The highest share of childhood mortality was in children born to mothers under the age of 20. (Table 1)

**Table 1: Childhood mortality rates of children born to mothers <20 and 30–39 years, Mongolia, 2008**

Rates (per 1000 live births)	< 20 years	30–39 years
Neonatal mortality	17.5	7.8
Post-neonatal mortality	23.4	6.5
Infant mortality	40.9	26.7
Under-five mortality	46.8	31.3

*Source: Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.*

**Maternal health:** The Government of Mongolia had achieved high coverage of antenatal care coverage (87.7%) and delivery by skilled birth attendants (99.8%). However, provision of services to the migrant and mobile populations remained a challenge.<sup>34</sup>

Of 281 births to mothers under 20 years old, 99.3% delivered their babies in health facilities and 0.7% at home; 47.0% received assistance from a gynaecologist during delivery, 31.0% from a professional midwife, 21.4% from a physician and the remainder from a nurse or others.<sup>35</sup>

**Abortion:** In the 2008 RHS, 0.5% of 1044 female adolescents aged 15–19 reported having had at least one induced abortion. Of those who had had an abortion, 40.0% had received pre-abortion counselling and 80.0% post-abortion counselling. Post-abortion use of contraceptives was lowest among adolescent girls (40.0%) compared with the other age groups (>70.0%). Of 466 female adolescents aged 15–19, 56.9% were against abortion because they felt that it was not healthy for the mother.<sup>36</sup>

**Sexually-transmitted infections (STIs):** The United Nations General Assembly Special Session (UNGASS) 2010 report said there were 4912 syphilis cases reported in 2009. The proportion of young people aged 15–24 made up 30% of case reports in 2009 compared with 40% in 2007. In 2009, of those aged 15–24 with syphilis, 49% were females

29 Mongolia. Child and Development 2005 Survey (Multiple Indicator Cluster Survey-3). Final Report. National Statistical Office and United Nations Children's Fund, 2007.

30 Ibid.

31 Ibid.

32 Ibid.

33 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

34 World Health Organization Country Cooperation Strategy for Mongolia, 2010–2015. Manila, Philippines and Ulaanbaatar, Mongolia: World Health Organization Regional Office for the Western Pacific and Ministry of Health Mongolia.

35 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

36 Ibid.



and 51% were males. In 2007, 70% were females and 30% were males.<sup>37</sup>

In the 2005 RTI/STI situation analysis, of 156 adolescents aged 15–19, 7.1% reported having experienced at least one RTI/STI symptom. The number of respondents aged 20–24 who reported having experienced at least one RTI/STI symptom was twice that of that in the 15–19 age group. In 2004, the incidence rates of syphilis, gonorrhoeae and trichomoniasis were 9, 25 and 22 per ten thousand of the population aged 15–24, respectively.<sup>38</sup>

**STI knowledge:** According to the 2008 RHS, of 1044 female adolescents, 90.3% had heard of STIs; 44.4% rated their knowledge of STIs as being weak, 38.7% as medium and 7.2% as good. Adolescent girls were most familiar with HIV/AIDS (89.0%) and syphilis (73.0%) while only 7.0% had ever heard of chlamydia.<sup>39</sup>

Among all adolescents who knew about STIs, 38.0% responded that they knew symptoms associated with STIs. The subgroups with a majority not having any knowledge of common STI symptoms included adolescents aged 15 (65.7%), married adolescents (73.7%), rural girls (71.2%) and adolescents with a primary education (76.8%).<sup>40</sup>

**STI treatment:** In the 2008 RHS, of 943 female adolescents aged 15–19, 60.0% said that they would ask their partner to get tested, 3.8% said they would not, 32.6% had not had sexual relations and 3.6% did not know. In addition, if infected with STIs, 93.7% would seek assistance from a doctor or health worker, 3.9% from parents and 1.0% from friends. In this group, 10.9% had ever been tested for STIs with 4.8% having done so in the last 12 months.<sup>41</sup>

From the 2005 RTI/STI situation analysis, among 11 adolescents aged 15–19 who experienced a RTI/STI symptom, 18.2% saw a health worker, 18.2% attended an adolescent health centre and the rest either approached friends, parents or did not approach anyone. Among 27 youth aged 20–24 who experienced a RTI/STI symptom, 55.6% saw a health worker, 14.8% attended an adolescent

health centre and the rest either approached friends or parents or did not approach anyone. Differences can be found between urban and rural areas. Among youth aged 15–24 who experienced an RTI/STI symptom, 72.2% of urban youth saw a health worker compared with 20.0% of rural youth. However, 30.0% of rural youth attended an adolescent health centre compared with 0.0% among urban youth.<sup>42</sup>

**HIV prevalence:** The prevalence of HIV/AIDS in 2008 was less than 0.02% but the number of cases had been increasing. The main mode of transmission among the reported cases was unprotected anal sex and unprotected commercial sex.<sup>43</sup>

The United Nations General Assembly Special Session 2010 stated that of the total cumulative HIV cases reported, 18% of infected males and 25% of infected females were aged 15–24.<sup>44</sup>

**HIV/AIDS knowledge:** The United Nations General Assembly Special Session 2010 reported that 19.2% of young men and 16.1% of young women aged 15–24 both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.<sup>45</sup>

**Risk of HIV infection:** Over half of the adolescents reported that they felt that they did not have any risk of contracting HIV and one fourth considered themselves to be at low risk.<sup>46</sup>

37 Mongolia: United Nations General Assembly Special Session on HIV/AIDS 2010 Country Progress Report. Mongolia: National Committee on HIV and AIDS, Ministry of Health and M&E National Technical Working Group.

38 Report on situation analysis to introduce RTI/STI prevention services through social franchising among young people. Mongolian Federation of Obstetricians and Gynecologists and United Nations Population Fund, 2005.

39 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

40 Ibid.

41 Ibid.

42 Report on situation analysis to introduce RTI/STI prevention services through social franchising among young people. Mongolian Federation of Obstetricians and Gynecologists and United Nations Population Fund, 2005.

43 Ministry of Health, National Committee on AIDS and UNAIDS. Comprehensive survey of the national response to HIV/AIDS/STIs, 2008 (unpublished document). In: World Health Organization Country Cooperation Strategy for Mongolia, 2010–2015. Manila, Philippines and Ulaanbaatar, Mongolia: World Health Organization Regional Office for the Western Pacific and Ministry of Health Mongolia.

44 Mongolia: United Nations General Assembly Special Session on HIV/AIDS 2010 Country Progress Report. Mongolia: National Committee on HIV and AIDS, Ministry of Health and M&E National Technical Working Group.

45 Ibid.

46 Ibid.

47 Mongolia Reproductive Health Survey 2008 National Report. National Statistical Office of Mongolia and United Nations Population Fund.

### Findings from the 2008 RHS<sup>47</sup>:

Overall, among the adolescent population aged 15-19 surveyed,

- 89.0% had heard of HIV/AIDS
- 20.6% of married adolescents had never heard of HIV/AIDS
- 10.3% of unmarried adolescents had never heard of HIV/AIDS
- 11.0% of adolescents, 25.1% of rural adolescents and 39.1% of adolescent girls with primary education had never heard of modes of HIV/AIDS transmission
- 2.6% had misinformation about prevention methods
- 12.3% were aware of transmission modes of HIV/AIDS
- 9.1% had correct understanding about transmission modes of HIV/AIDS
- 70.5% obtained information about HIV/AIDS from the television, 33.8% from newspapers, 49.0% from school

**Men who have sex with men (MSM):** The HIV prevalence in MSM was three times higher in the under-25 age group than in those 25 and older. They also consistently performed worse on knowledge and behaviour indicators than their older counterparts.<sup>48</sup> The 2007 Second Generation Sentinel Surveillance (SGSS) found that 0.4% of young men had had sex with men and the median age at first sex was 18.<sup>49</sup>

**Adolescent-friendly health services (AFHS):** A review of existing health services for adolescents conducted in 2001 by the Ministry of Health of Mongolia in collaboration with international partner agencies identified strengths and weaknesses of the existing system and assessed its ability to respond to the needs of adolescents. This review led to the formulation of the Adolescent-Friendly Health Service Model.<sup>50</sup>

In addition, the findings of this 2001 review identified areas for health intervention as part of a three-year project, "Improving the Outlook of Adolescent Girls and Boys in Mongolia", funded by the United Nations Foundation (UNF) for implementation between 2001 and 2004. This is an integrated initiative of four United Nations agencies (United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund and World Health Organization) and the Government of Mongolia to respond to various adolescent concerns in health, education and communication. This project was piloted in two aimags (Arkhangai and Khuvsgul) and three districts of Ulaanbaatar (Bayanzurkh, Chingeltei and Songinokhairkhan).<sup>51</sup>

The UNF project aimed mainly to strengthen the existing structures for health service provision such as adolescent and other hospital cabinets, school doctor cabinets and family group practice. WHO and the United Nations Population Fund (UNFPA) took the lead role in making health services adolescent-friendly. Eight pilot adolescent clinics named "Adolescent Future Threshold Centres" and their service guidelines were established under the Joint Order No. 124/166.<sup>52</sup> The new approaches of the AFHS model would be adolescent participation, peer education and life skills in service delivery.<sup>53</sup>

Almost a year after the implementation of the AFHS Model and Service Guidelines, the Ministry of Health, WHO and UNFPA carried out a joint assessment in 2003. The assessment was an evaluation of the quality and delivery of health services for adolescents in project versus control areas of the UNF project.<sup>54</sup>

### NUTRITIONAL STATUS AND PHYSICAL ACTIVITY

Data from the 2010 Mongolia GSHS found that 7.2% of students aged 13–15 were overweight and 3.1%, underweight. Slightly more than a quarter of students were physically active for a total of at least 60 minutes per day on five or more days during the past week. (Table 2)

### MENTAL HEALTH

Table 3 shows results from the 2010 Mongolia GSHS. Of male students aged 13–15, 15.3% had ever seriously

48 Mongolia: United Nations General Assembly Special Session on HIV/AIDS 2010 Country Progress Report. Mongolia: National Committee on HIV and AIDS, Ministry of Health and M&E National Technical Working Group.

49 Mongolia: Second generation HIV/STI surveillance report. Ulaanbaatar, Mongolia: Ministry of Health, World Health Organization and Global Fund supported project on AIDS and TB, 2007.

50 Assessment of adolescent-friendly health services initiative in Mongolia. Ulaanbaatar, Mongolia: Ministry of Health, World Health

Organization, United Nations Populations Fund.

51 Ibid.

52 Ibid.

53 Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

54 Assessment of adolescent-friendly health services initiative in Mongolia. Ulaanbaatar, Mongolia: Ministry of Health, World Health Organization, United Nations Population Fund.

### Some updates on adolescent-friendly clinics:

- There are 18 “Future Threshold Adolescent Health Centres” (FAHC) with a special focus on STI services supported by UNFPA in 12 provinces and six district health centres. Currently, all supplies, including laboratory tests and medicines, are provided by UNFPA.<sup>55</sup>
- There are nine adolescent-friendly clinics set up and supported by WHO, focused on counselling, managing general and special problems and referrals. Clinic staff has been trained on the adolescent orientation package. However, one of the constraints is the training available to health care providers due to limited resources.<sup>56</sup>
- The service guideline distributed to all adolescent-friendly clinics, including the FAHCs, recommends providing preventive messages on the psychosocial, nutritional, disease prevention and sexual aspects of health. The service guideline for the FAHC had an additional section on RTI/STI/HIV prevention and management.<sup>57</sup>
- Some adolescent-friendly clinics, including FAHCs in health centres, lacked space and were not easy to reach. Also, the majority of the clinics were not opened during convenient times for youth. Some facilities did not set aside special examination rooms, waiting space and clinic hours to serve youth. All services were free at these adolescent-friendly clinics except the International Planned Parenthood Federation clinics, which charged a small fee.<sup>58</sup>
- Referral systems need to be strengthened, particularly in terms of tracking and follow-up to ensure that clients had received appropriate care at the referral site.<sup>59</sup>
- During the second half of 2009, there were 1034 cases of STIs diagnosed at the FAHCs.<sup>60</sup>
- Based on 2002 reports, 34% of adolescents were afraid that health services were inadequate<sup>61</sup> and 57.3% reported that health care workers were inattentive to adolescents’ health concerns and problems, that they had been treated disrespectfully and given poor services in the past.<sup>62</sup>
- A Rapid Review of the AFHS services along with other programmes that impact the health of adolescents was conducted in 2010. One of the recommendations of the review was to integrate and scale up adolescent-friendly services within the existing primary health care system.

considered attempting suicide and 7.2% actually attempted suicide in the past 12 months. For female students aged 13–15, the figures were 22.6% and 9.4%, respectively.

### SUBSTANCE USE

**Legislation:** (i) The law against adolescents buying and selling tobacco was repealed in 1998 and introduced again in 2005 under the new Tobacco Law. (ii) The legislation

governing alcohol was amended in 2000 and bans the sale of alcoholic beverages to minors under 21.

**Tobacco use:** The 2010 Mongolia GSHS found that 9.2% of male students and 2.0% of female students aged 13–15 had smoked cigarettes on one or more days during the

55 Ministry of Health Report, 2010. Ulaanbaatar, Mongolia: Ministry of Health. Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

56 Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

57 Ministry of Health Report, 2009. Ulaanbaatar, Mongolia: Ministry of Health. Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

58 Ministry of Health Adolescent Health Conference Report, 2009. Ulaanbaatar, Mongolia: Ministry of Health. Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

59 Discussion during National Adolescent Health Conference, 2007. Ulaanbaatar, Mongolia: Ministry of Health. Information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

60 Project progress report: Youth Friendly STI Service Project (Round 5). Reporting Period: 1 July–31 December 2009. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Population Fund Mongolia. UNFPA information shared through email correspondence between Health Promotion Board, Singapore and Dr Gochoo Soyolgerel (Ministry of Health, Mongolia) dated 31 January 2011.

61 Adolescents Health Service-Survey Report. Mongolia: National Centre for Health Development and World Health Organization, 2002. In: Case study on adolescent health and development in Mongolia. World Health Organization, 2002.

62 Health behaviours of adolescents. Ulaanbaatar, Mongolia: National Statistical Office, 2002. In: Case study on adolescent health and development in Mongolia. World Health Organization, 2002.

**Table 2: Results from the 2010 Mongolia Global School-based Student Health Survey**

	Students aged 13–15 years		
	Total	Boys	Girls
<b>DIETARY BEHAVIOR</b>			
Percentage of students who were underweight	3.1	3.0	3.2
Percentage of students who were overweight	7.2	6.2	8.1
Percentage of students who were obese	0.7	1.0	0.5
<b>PHYSICAL ACTIVITY</b>			
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during the past week	26.8	28.0	25.7
Percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities	35.7	34.7	36.7

Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).

**Table 3: Results from 2010 Mongolia Global School-based Student Health Survey**

	Students aged 13–15 years		
	Total	Boys	Girls
Percentage of students who had ever seriously considered attempting suicide during the past 12 months	19.2	15.3	22.6
Percentage of students who had actually attempted suicide one or more times during the past 12 months	8.4	7.2	9.4
Percentage of students who had no close friends	4.5	4.4	4.5

Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).

past 30 days. A large proportion of students who had ever smoked cigarettes had first tried it before the age of 14.<sup>63</sup> (Table 4)

**Table 4: Results from 2010 Mongolia Global School-based Student Health Survey**

	Students aged 13–15 years		
	Total	Boys	Girls
Percentage of students who smoked cigarettes on one or more days during the past 30 days	5.4	9.2	2.0
Among students who ever smoked cigarettes, the percentage who first tried a cigarette before age 14	78.6	81.9	70.5
Percentage of students who reported people smoked in their presence on one or more days during the past seven days	63.8	65.6	62.2

Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).

The 2003 Global Youth Tobacco Survey found that 54.6% of male students and 28.4% of female students aged 13–15 had ever smoked cigarettes; 15.2% of male students and 4.4% of female students had currently smoked cigarettes. Of those surveyed, 64.2% had been exposed to second-hand smoke at home and more than 80% thought that smoking should be banned from public places. A large proportion of current smokers (86.5%) had wanted to stop smoking and 65.3% had ever received help to do so.<sup>64</sup>

Alcohol use: The 2010 Mongolia GSHS found that 6.6% of male students and 4.5% of female students aged 13–15 had drunk at least one alcoholic drink on one or more days in the past 30 days. A large proportion had their first alcoholic drink before the age of 14 (70.2% of boys and 64.7% of girls); 6.6% of boys and 3.9% of girls had consumed so much alcohol that they had been drunk one or more times during their life.<sup>65</sup> (Table 5)

63 Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).

64 Mongolia: Global Youth Tobacco Survey Fact Sheet. (2003)

65 Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).



**Table 5: Results from 2010 Mongolia Global School-based Student Health Survey**

	Students aged 13–15 years		
	Total	Boys	Girls
Percentage of students who had drunk at least one drink containing alcohol on one or more days in the past 30 days	5.6	6.6	4.5
Among students who had ever had a drink of alcohol (other than a few sips), the percentage who had their first drink of alcohol before age 14	67.9	70.2	64.7
Percentage of students who had drunk so much alcohol that they had been drunk one or more times during their life	5.3	6.6	3.9

*Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).*

In a 2005 study, of the 1242 adolescents aged 15–19, 74.3% were lifetime abstainers. Among those who drank, the majority (79.4%) had consumed alcohol once a month or less, 11.4% had done so 2–4 times a month, 5.2% 2–3 times a week, and 3.7%, four or more times a week. Of the respondents aged 15–19, 70.8% of males and 86.7% of females had not drunk in the last year.<sup>66</sup>

In this same study, of the adolescents who drank, 6.9% of males and 2.4% of females had drunk more than 20 grams of alcohol a day on average. Table 6 shows the prevalence of episodic heavy drinking and their frequency — 2.6% of male adolescents and 0.3% of female adolescents had binge drunk daily; 10.5% of male adolescents and 2.9% of female adolescents had binge drunk at least monthly. The figures were even higher for those who drank in the last year.<sup>67</sup>

The 2005 study reported that slightly more than 4% of male respondents and more than 2% of female respondents aged 15–19 scored positive for alcohol dependence based on the Composite International Diagnostic Interview Instrument.<sup>68</sup>

66 Epidemiological study on prevalence of alcohol consumption, alcohol drinking patterns and alcohol related harms in Mongolia. Mongolia: Ministry of Health, World Health Organization and Center of Mental Health and Narcology, 2006.

67 Ibid.

68 Ibid.

**Table 6: Adolescents and their frequency of episodic heavy drinking**

	15–19 year olds	
	Male	Female
People who were current users		
Drink > 60g of alcohol a day daily (binge drink)	2.6	0.3
Drink >60g of alcohol a day at least weekly (binge drink)	5.9	1.0
Drink >60 g of alcohol a day at least monthly (binge drink)	10.5	2.9
People who drank in the last year		
Among students who had ever had a drink of alcohol (other than a few sips), the percentage who had their first drink of alcohol before age 14	67.9	70.2
Percentage of students who had drunk so much alcohol that they had been drunk one or more times during their life	5.3	6.6

*Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).*

The 2005 study found that male adolescents (n=161) had a mean alcohol consumption of 39.96 grams a day and female adolescents (n=78), 21.22 grams a day. Those aged 15–19 had the highest mean alcohol consumption. <sup>69</sup>A 2000 Adolescents' Needs Assessment Survey found that urban adolescents drank twice as much alcohol as rural adolescents.<sup>70</sup>

## CRIMES, VIOLENCE AND INJURIES

**Crimes:** The number of children in conflict with the law is high. Among all people sentenced to prison, children under 18 made up more than 10%, with theft and robbery being the most common offences. A total of 547 children were sentenced in 2008, most of whom were boys from poor families or orphans.<sup>71</sup>

The crimes committed by children decreased from 1034 in 2004 to 1027 in 2007 and to 728 in 2008. Crimes ranged from thefts and robbery to beatings causing injuries.<sup>72</sup>

69 Ibid.

70 Case study on adolescent health and development in Mongolia. World Health Organization, 2002.

71 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

72 Ibid.

**Violence and injuries:** Among the youth population, injuries and poisonings were the major causes of death and disability. The rate of injury and poisoning among those aged 16–19 was 2.3 times that of the total population.<sup>73</sup>

From the 2010 Mongolia GSHS, 63.3% of the male and 18.6% of the female students aged 13–15 reported having been in a physical fight one or more times during the past 12 months; 38.9% of the boys and 28.4% of the girls had been seriously injured one or more times during the past 12 months. Bullying also appears to have happened to almost half of the boys and 20% of the girls. (Table 7)

**Table 7: Results from 2010 Mongolia Global School-based Student Health Survey**

	Students aged 13–15 years		
	Total	Boys	Girls
Percentage of students who had been in a physical fight one or more times during the past 12 months	40.1	63.3	18.6
Percentage of students who had been seriously injured one or more times during the past 12 months	33.5	38.9	28.4
Percentage of students who had been bullied on one or more days during the past 30 days	28.0	46.7	19.8

*Source: Mongolia: Global School-based Student Health Survey. Fact Sheet. (2010).*

In 2004, there were 408 cases of child rape and 384 in 2007.<sup>74</sup> Children constituted one sixth of all victims of domestic violence and one third of these had run away from home, adding to the number living on the streets.<sup>75</sup>

**Injuries:** During the period 2003–2004, for those aged 10–14, motor vehicle transport appeared to be the leading cause of injury death (5.3 per hundred thousand) followed by other injuries, poisoning and externally caused deaths (2.8 per hundred thousand). For those aged 15–19, hanging and suffocation was the leading cause of injury death (10.7

### Findings from the 2008 RHS<sup>76</sup>:

- 60.8% of 994 adolescents aged 15–19 had knowledge of violence occurring among friends, relatives and neighbours where they slapped, hit and/or beat each other
- 9.3% knew of spouses who were made to have unwanted sex
- The percentage of women who had experienced sexual coercion by their current or previous boyfriends or relatives was highest among female adolescents aged 15–19 (7.9%) compared with other age groups.
- 9.0% of female adolescents had also hit, slapped, kicked or caused pain to their husband or cohabitant.

Of 67 female adolescent respondents,

- 1.5% had been threatened with a knife or weapon
- 3.0% had experienced being shoved or choked
- 6.0% had been kicked, dragged or beaten up
- 4.5% had been hit with a fist or something else
- 9.0% had been pushed or have had something thrown at them.

per hundred thousand), followed by motor vehicle transport (9.06 per hundred thousand).<sup>76</sup>

### LIST OF LEGISLATION WHICH IMPACT ON ADOLESCENT HEALTH AND WELL-BEING

#### Employment

- Employment Promotion Law, 2001
- Law of Labor, 1999

#### Education and Welfare

- Law on Vocational Education and Training, 2008
- Law on Preschool Education, 2008
- Law on Primary and Secondary Education, 2002
- Law on Tertiary Education, 1998
- Education Law, 1995

73 World Health Organization Country Cooperation Strategy for Mongolia, 2010–2015. Manila, Philippines and Ulaanbaatar, Mongolia: World Health Organization Regional Office for the Western Pacific and Ministry of Health Mongolia.

74 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

75 Situation analysis of children and women in Mongolia. United Nations Children's Fund, 2009.

76 Technical report for the meeting on injury surveillance system. National Research Center of Traumatology and Orthopedic, 2006.

## Health and Welfare

- Law on Monetary Assistance to the Child and Family, 2006
- Law on HIV and AIDS, 1994 (amended in 2004)
- Citizens' Health Insurance Law of Mongolia, 2003
- Family Law, 1999
- Health Act, 1998
- Law on Social Welfare, 1998
- Law on Social Insurance, 1994

## Crimes

- Law on Domestic Violence, 2005 (amended 2007)
- Criminal Code & Criminal Procedure Code, 2002
- Code against Promiscuity, 2003
- Code on Issuance of Special Permissions for Enterprise Activities, 2003
- Administrative Responsibility Code, 2003
- Law on the Protection of the Rights of Children, 1996
- Law on the Temporary Detention of Unsupervised Children, 1994

## Mental Health

- Law of Mongolia on Mental Health, 2000
- State Policy on Public Health, 2001

## Substance Use

- Law on Control of trafficking in narcotic drugs and psychotropic substances, 2002
- Alcohol (amended in 2000)
- Tobacco Law, 2005 (1994 Law was repealed in 1998)

## Conventions

- World Health Organization Framework Convention on Tobacco Control, 2004
- The Optional Protocol to the United Nations Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography, 2002
- International Labor Organization's (ILO) Convention 138 "Minimum Age for Admission to Employment", 2002
- ILO Convention 182 "Worst Forms of Child Labor Convention", 2001
- Convention on the Rights of Children, 1990
- Convention on the Elimination of All Forms of Discrimination Against Women, 1981

## GOVERNMENT RESPONSES

Note: This is not meant to be a comprehensive list of all relevant government initiatives.

### General Adolescent Health and Well-Being

- National Programme for Teen and Young Population Development, 2007–2015
- Health Sector Strategic Master Plan of the Government of Mongolia 2006–2015
- Population Development Policy 2004–2015
- National Programme for Improving the Outlook of Living for Children and Adolescents
- National Development Strategy 2008–2015
- Health Minister's Order No. 158 of 2002 (formulation of the AFHS Model)
- Government Resolution No. 245, 2002 -- National Programme of Action for the Development and Protection of Children
- National Plan of Action on Development and Protection of Children 2002–2010
- Government Order A/41/63/33 passed in 1998 (Adolescent Health Cabinet was established in most provinces by 2001)
- Government Resolution No. 5, 1998 — National Programme of Health Education for the population 1998–2005
- Government Resolution No. 30, 1997 — National Programme on School Pupils and Adolescent Health

### Employment

- Government Order No. 107, 2008
- National Plan of Action for Decent Work, 2005–2008
- Child Money Programme, 2005
- Employment Promotion Fund
- National Programme for Youth Employment

### Education

- Mongolian Education Sector Master Plan, 2006–2015
- Strategy Paper on Vocational Training
- "Computer for every school child"
- "Initiative partnership for immediate results", with the World Bank

## Sexual and Reproductive Health

- Third National Reproductive Health Programme, 2007–2011
- Expansion of adolescent-friendly health services accomplished through incorporation of adolescent health in the undergraduate medical school curriculum.
- 100% Condom Use Programme

## STIs & HIV/AIDS

- New National Strategic Plan on HIV, AIDS and STIs (NSP) 2010–2015
- The National Strategic Plan 2006–2010
- Government Resolution No. 289, 2008
- Government Resolution No. 240, 2006
- HIV AIDS Management and Prevention (HAMP) Act 2004
- Three “Ones” Principle (One Action Framework, One Coordinating Authority and One Monitoring and Evaluation Framework), 2006
- Expansion of VCT services to rural areas and ART services
- Establishment of Provincial Monitoring, Evaluation and Surveillance Teams (PROMEST)
- Integration of HIV/AIDS lessons into the secondary school curriculum, as part of health education.
- Training of trainers and peer educators to reach vulnerable youth not addressed through formal education sector.

## Nutrition & Physical Activity

- School Lunch Programme, 2006
- Strategy for Prevention of Vitamin and Micronutrient Deficiencies of Mothers and Children

## Mental Health

- National Mental Health Programme, 2002

## Substance Use

- National Programme on Control and Prevention of Noncommunicable Diseases, 2005
- Intersectoral ministerial committee for the implementation of the “National Programme of Alcohol Prevention and Control,” established in 2004
- National Programme of Alcohol Prevention and Control, 2003
- National Programme on Prevention of Narcotics and Drug Abuse, 2000

## Crimes, Violence & Injuries

- Government Resolution No. 225, 2007 (National Programme for Combating Family Violence, 2007)
- National Plan of Action on Combating Sexual Exploitation and Trafficking of Children
- National Programme on Injury Prevention, 2002
- National Programme on the Prevention of Juvenile Crime and Crimes Against Children, 1999

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